

Statement of Organization
Recipient Committee

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STATEMENT OF ORGANIZATION

Statement Type

☒ Initial

Not yet qualified ☒ or

☐ Amendment

List I.D. number:

Date qualified as committee

Date qualified as committee
(If applicable)

☐ Termination - See Part 5

List I.D. number:

Date of Termination

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

Date Stamp

JUN 16 2004

KEVIN SHELLEY, Secretary of State

CALIFORNIA
FORM

410

For Official Use Only

-6 P4:22

OFFICE OF
CITY CLERK

1. Committee Information

NAME OF COMMITTEE

MARGARET

FOR

COUNCIL

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MOUNTAIN VIEW CA 94041 650/940-1656
MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

MARGARET@BTENAL.ORG

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

SANTA CLARA

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

DENNIS CHIU

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

San Jose CA 95134 408-390-8018

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 6/9/2004

DATE

Executed on 6/9/04

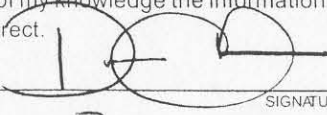
DATE

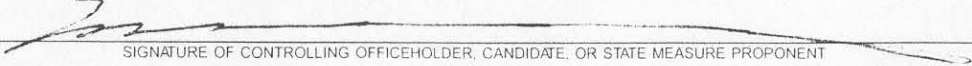
Executed on _____

DATE

Executed on _____

DATE

By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By  SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION

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I.D. NUMBER

COMMITTEE NAME

MARGARET FOR COUNCIL

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
MARGARET ABE-KOGA	MOUNTAIN VIEW CITY COUNCIL	2004	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
BANK OF THE WEST	1800/488-2265	007080952
ADDRESS	CITY	STATE ZIP CODE
501 CASTRO STREET	MOUNTAIN VIEW	CA 94041

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE